

PERMIT
TO REMOVE
H.T.
U.S.T
MAKE FILE
FOR
STANDARD TANK
REMOVING
UNDERGROUND

171215

OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
Division of Petroleum and Chemical Safety
1035 Stevenson Drive
Springfield, Illinois 62703-4259

OCT 20 1992

DIV. OF PETROLEUM &
CHEMICAL SAFETY

FOR OFFICE USE ONLY

Facility # 2-001201

Permit # 6810-92 REM

Application for Permit to REMOVE
Underground Storage Tanks for Petroleum and Hazardous Substances

To be completed in quadruplet (one original and 3 copies) and filed with the Division of Petroleum and Chemical Safety, 1035 Stevenson Drive, Springfield, Illinois 62703-4259 (217/785-5878) or (217/785-1020)

- 1) (Owner of tanks) - Corporation, partnership or other business entity: (Must Be Mailing Address)
✓ Arrow Gear Co.

Name
2301 Curtiss Street
Street Address
Downers Grove, IL 60515
City State Zip
Richard Shapiro 708-969-7640
Contact Person Phone

- 3) (Contractor) - person, firm or company performing work:
Mankoff Equipment, Inc.

Name
975 Campus Drive
Street Address
Mundelein, IL 60060-3834 Lake
City State Zip County
708-918-8000 363-15-9151
Phone Registration No.

You must notify ESDA 1-800-782-7260 within 24 hours of leaks or contaminated soil. Removal must be in accordance with acceptable closure requirements and procedure such as API Bulletin 1604. A site assessment must be conducted to determine if a release has occurred.

- 2) (Facility) - name and address where tanks are located:

Arrow Gear Co.
Name
2301 Curtiss Street
Street Address
Downers Grove, IL 60515 DuPage
City State Zip County
Richard Shapiro 708-969-7640
Contact Person Phone

Facility Registration I.D. Number

2-001201

FOR OFFICE USE ONLY

Permission to remove underground storage tank(s) is hereby granted. Such removal shall not commence until 11-19-92.

A seventy-two hour (3 working day) notice to this office is required to confirm final date of removal for our Inspector to be on site.

10-20-92
Approval Date

W. Dale Tanke
Approved

04-20-93
Permit Expires

4) Removal of Tanks:

- a) Number and size of tanks being removed: (1) 1,000
- b) Total number of all tanks removed: 1
- c) Reason for removal of tanks: Need space for furnace
- d) If tank is leaking, give ESDA incident number: N/A
- e) What products were stored in each tank? quench oil
- f) If tanks contain products other than petroleum products, please indicate here: N/A
- g) Date each tank was last used? currently in use
- h) A written notice of removal of tanks shall be given to the Office of the State Fire Marshal at least 30 days prior to the removal, giving location, number and size of tanks. This application will constitute that day written notice. The 30 day period commences with this application appropriately completed and the 1 received in our office.

(Over)

- 5) Insufficient information supplied for permit review or omission of permit fee is grounds for application rejection. No work is to commence without a granted permit in hand and must be available upon request of inspectors. All work must be done by contractors registered with the State Fire Marshal's Office or by the tank owner only.
- 6) A permit fee of \$100 for each facility must accompany this application. (Checks or money orders are to be made payable to Office of the State Fire Marshal, do not send cash.) ☒ Check ☐ Money Order
- 7) For each facility, EPA form 7530-1 - Notification of Underground Storage Tanks must be completed and submitted to the Office of the State Fire Marshal after tanks are removed.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that all submitted information is true, accurate and complete.

Name of Authorized Representative: Larry S. Cherner Title and Company Represented: _____

Vice President. Mankoff Equipment, Inc.

Signature of Authorized Representative: *[Signature]* Date: 10/13/92

Date: _____

The Office of the State Fire Marshal is requesting information that is necessary to accomplish the statutory purpose as outlined in Illinois Revised Statutes, Chapter 127½, Paragraph 9. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. This form has been approved by Forms Management Center. (Rev. 04/91) #3352

For Office Use

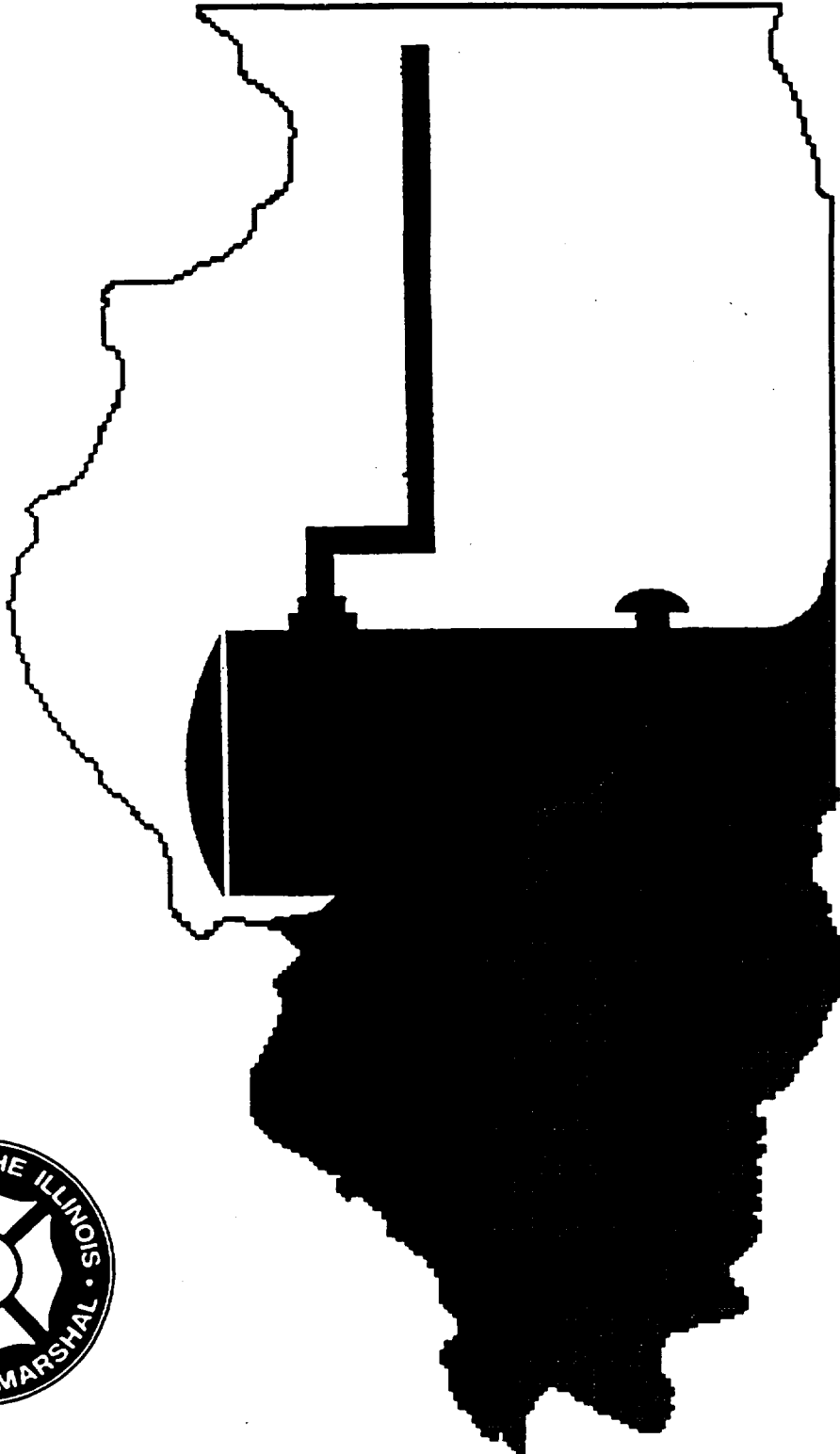
DPCS Specialist Siegler
Fire Department
Division File
Dale Tanke
Office Associate BAR

11-1

Office of the Illinois State Fire Marshal
Division of Petroleum and Chemical Safety

1035 Stevenson Drive
Springfield, Illinois 62703-4259

Notification Form for Underground Storage Tanks



General Information

Notification is required by state law for all underground storage tanks (USTs) that have been in use any time since January 1, 1974 and were in the ground as of September 24, 1987. Federal law required notification by May 8, 1986.

The primary purpose of this notification program is to locate and evaluate USTs that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief or recollection.

Who must notify? Owners of USTs are responsible for notification. "Owner of an underground storage tank system" means the person who has legal or equitable title to an underground storage tank system which has or has had a regulated substance contained in it.

What tanks are included? A UST must contain or have contained a regulated substance - regulated substances of either petroleum or hazardous substances. A "petroleum UST system" means UST system that contains or has contained petroleum or a mixture of petroleum; petroleum products which naturally or routinely contain hazardous substances are classified as petroleum. A "hazardous substance system" means UST system that contains or has contained a hazardous substance, as defined by federal law, including a mixture of hazardous substance and petroleum.

What tanks are excluded? The state excludes those USTs excluded by federal law, except heating oil tanks for consumptive use on the premises for space heating 110 gallons or greater in capacity serving other than residential units ("residential units" includes only single family dwelling units and duplexes).

When to notify? Owners of USTs that have been in use at any time since January 1, 1974 and were in the ground as of September 24, 1987, if not already registered, should be immediately - this applies to USTs already removed. Any owner of a newly installed UST is required to register within 30 days after product is placed in tank. Any new owner of a UST that was previously registered, is required to file an amended notification form within 30 days after acquiring ownership. There must be an amended notification form submitted by the UST owner, indicating any change in information on a previously filed form within 30 days of such change, including upgrades.

Where to notify? Completed notification forms should be sent to: Office of the State Fire Marshal, Division of Petroleum and Chemical Safety, 1035 Stevenson Drive, Springfield, IL 62703-4259.

Penalties: Any owner who knowingly fails to notify or submits false information may be subject to a federal civil penalty not to exceed \$10,000, plus any applicable state fines, for each tank of which notification is not given or of which false information is submitted.

31-101 Notification for Underground Storage Tanks		OFFICE USE ONLY
<ul style="list-style-type: none"> A separate form must be used for each site. If you have more than five tanks, photocopy pages 1-5 and attach to this notification form. Please type, or print in ink; the signature under "certification" (section IX) must be signed in ink. 		<div style="border: 1px solid black; padding: 2px;"> ID NUMBER <u>2-001201</u> </div> <div style="border: 1px solid black; padding: 2px; height: 40px;"> DATE RECEIVED </div>
Facility I.D. # (if known) _____ Owner I.D. # (if known) _____		
TYPE OF NOTIFICATION		
<input type="checkbox"/> New Facility <input checked="" type="checkbox"/> Amended (Changes/Corrections/Additional Tanks) Mark all that apply:		
_____ Owner Address Change (this facility only)		_____ Tanks Refined (Permit # _____)
_____ Owner Address Change (all facilities owned)		_____ Tanks Installed (Permit # _____)
_____ New Owner		_____ Tanks Upgraded/Repaired (Permit # _____)
_____ Tank(s) Removed (Permit # <u>6810-92</u>)		_____ Abandonment Notice (Permit # _____)
_____ Other _____		
I. Ownership of Tank(s) II. Location of Tank(s)		
<small>(Name as Section 1 Map book)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Owner Name (Corp., Individual, Public Agency or other Entity) _____ Mailing Address _____ City _____ State _____ Zip _____ County _____ Contact Name _____ (Area Code) Phone _____ </div> <div style="width: 48%;"> Facility Name or Company Site Identifier, as applicable _____ Street Address or State Road, as applicable (exact address) _____ City _____ State _____ Zip _____ County _____ Contact Name _____ (Area Code) Phone _____ </div> </div>		
III. TYPE OF OWNERSHIP <small>(mark all that apply)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Current Owner of Tanks Date Purchased _____ <input type="checkbox"/> Former Owner </div> <div style="width: 48%;"> <input type="checkbox"/> Ownership Uncertain _____ <input type="checkbox"/> Other _____ </div> </div>		
IV. TYPE OF FACILITY		
Type of Facility: (Circle correct code)		
A. Service Station B. Bulk Plant C. Petroleum Distributor D. Convenience Store E. Auto Dealer F. Commercial/Retail	G. Industrial/Manufacturing H. Private Institution I. Residence (Non-Farm) J. Farm K. Airport L. Marina	M. City/Town N. County O. State P. Federal (Military) Q. Federal (Non-Military) R. School District S. Port District T. Utility District U. Fire Dept. V. Other Special Service Districts W. Other _____ (Please Specify)

V. Description of Underground Storage Tanks (Complete entire column for each tank)					
Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
1. Status of Tanks					
Currently in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily out of use (Section 2 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently out of use (Section 2 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removed (Section 3 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned in place (Section 4 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tanks Permanently & Temporarily Out of Use					
Estimated date last used	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
3. Tanks Removed					
Date tank(s) removed	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Estimated date last used	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
4. Abandoned in Place					
Date tanks filled	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Tank filled with:					
Inert materials (sand, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	_____	_____	_____	_____	_____
5. Age of Tank					
Date tank installed	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Date product placed in tank	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
6. Estimated Total Capacity (gallons)	_____	_____	_____	_____	_____
7. Substances Currently or Last Stored:					
Petroleum					
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	_____	_____	_____	_____	_____
Petroleum Use (if applicable):					
Heating oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(consumptive use on premises)					
Back-up generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	_____	_____	_____	_____	_____
Hazardous Substance:					
Name of principal CERCLA substance	_____	_____	_____	_____	_____
Chemical Abstract Service (CAS No.)	_____	_____	_____	_____	_____

VI. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____
1. Material of Construction (mark all that apply)					
Asphalt coated or bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically protected steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (steel with fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel STI-P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	_____	_____	_____	_____	_____
2. Piping Materials (mark all that apply)					
Bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric coating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	_____	_____	_____	_____	_____
3. Piping Type (mark all that apply)					
European suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	_____	_____	_____	_____	_____

Tank Identification Number	Tank No. ____		Tank No. ____		Tank No. ____		Tank No. ____		Tank No. ____	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
4. Release Detection (Mark all that apply)										
Manual tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Inventory controls	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring double-walled tank/piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring /secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic line leak detector		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Automatic shut-off device		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Continuous alarm system		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No requirements (european suction)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)										
Cathodic protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior coating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior lining	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (please specify)	_____		_____		_____		_____		_____	
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic shut-off	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Alarm	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Ball float valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill containment device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (Please specify)	_____		_____		_____		_____		_____	

VII. Certification of Compliance (Complete for all new, upgraded and refilled tanks at this location)**Installation** (mark all that apply)Installer certified by tank and
piping manufacturers ☐Installer certified or licensed by
implementing agency ☐Installer registered by
implementing agency ☐Installer is the owner of the tank(s) ☐Installation inspected by a
registered engineer ☐Installation inspected & approved
by implementing agency ☐Manufacturer's installation
checklists have been completed ☐Another method allowed by state
agency (please specify) _____

OATH: I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. (THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)

Tank No. _____

Permit No. _____

Contractor: _____
Name Signature (must be original) Date
Position Company

VIII. Financial Responsibility

Mark all that apply:

☐ Self-Insurance☐ Guarantee☐ Certificate of Deposit☐ Commercial Insurance☐ Surety Bond☐ Trust Fund☐ Risk Retention Group☐ Letter of Credit☐ Other Method Allowed

(please specify) _____

IX. Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Name and official title of owner or
owner's authorized representative
(print)

Signature
(must be original)

Date Signed